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**IMPORTANT NOTICE****TELECOPY/FACSIMILE COVER LETTER**TO: U.S. Patent and Trademark OfficeExaminer: Henry N. TranArt Unit: 2674DATE: March 30, 2005FROM: Lawrence J. McClure

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER: 19

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**MESSAGE:****RE: U.S. Patent Application Serial No.: 09/468,581, Our Ref. 81870.0007**

I hereby certify that the following documents:

- Amendment Under 37 C.F.R. § 1.116/Amendment Transmittal Letter
- Petition for Extension of Time (one month)

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,  
for filing in the above application.

March 30, 2005

Date of Deposit

  
Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9306 - Art Unit 2674CLIENT NUMBER: 81870.0007ATTORNEY BILLING NUMBER: 1966CONFIRMATION NUMBER: (please return fax to Diane Zynn)

FORM PTO-1083

81870.0007  
Patent Application No. 09/468,581

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Takashi MINAMI, et al.

Serial No: 09/468,581

Filed: December 20, 1999

For: A MULTI-MONITOR, AUXILIARY MONITOR, AND  
MONITOR SUPPORTER

Art Unit: 2674  
Examiner: Henry N. Tran

MAR 30 2005

I hereby certify that this correspondence  
is being transmitted via facsimile to  
(703) 872-9306:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450 on

March 30, 2005

Date of Deposit

Diane Zynn

Name

Signature *Diane Zynn* 03/30/05  
Date

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	16	-	20	0	LG=\$18 SM=\$9	\$0
INDEPENDENT CLAIMS FEE	3	-	3	0	LG=\$84 SM=\$42	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$0
Independent Claims: 3, 13, 17					TOTAL	\$0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge the fee of \$ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Please charge the fee of \$120 for the one-month extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

*Barry M. Shuman*  
Barry M. Shuman  
Registration No. 50,220

Date: March 30, 2005

Biltmore Tower  
500 South Grand Avenue, Suite 1900  
Los Angeles, California 90071  
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